PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

maintenance fee notifica	tions.	lock I for any change of address)		correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying		
				Pee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
23419 COOLEY CO				Certi	ficate of Mailing or Tran	smission
COOLEY GODWARD KRONISH LLP ATTN: Patent Group Suite 1100 777 - 6th Street, NW Washington, DC 20001				I hereby certify that this Feety Transmittal is being deposited with the United States Retail Service with safficient posting for filts class mail an an envolope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (371) 273-2885, on the date indicated below the safficient of the Company of t		
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	1.	ATTORNEY DOCKET NO	CONFIRMATION NO.
10/642,678 TITLE OF INVENTION	08/19/2003 SYSTEM AND METH	OD FOR PROCESSING	Stephen G. Holmes NVID-065 00US EMULTI-CHANNEL AUDIO 140060-2133		3501	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEF TOTAL FEE(S) DUE	DATE DUF
nonprovisional	NO NO	\$1510	S0	\$0	\$1510	06/08/2009
EXAM		ARTUNIT	CLASS-SUBCLASS]	31313	
SAUNDERS JR, JOSEPH 2614		2614	700-094000	ı		
CFR 1.363). Change of corresp Address form PTO/Si "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.		inge of Correspondence " Indication form and. Use of a Customer	2. For printing on the patient mont page, tast (1) the names of up to 3 registered patient attorneys or agents OR, attenuatively. (2) the name of a single firm (thaving as a member a regulered attorney or agent) and the names of up to 2 regulared period attorneys or agents. If no name is THE PATENT (print or type)			
	less an assignee is ident h in 37 CFR 3.11. Comp			atent. If an assignce assignment.		locument has been filed for
NVID	IA CORPORATIO	N	SANTA C	LARA, CA		
Please check the appropr	nate assignee category or	categories (will not be p	rinted on the patent):	Individual 🖷 Con	soration or other private gr	oup entity Government
4a, The following fee(s):	are submitted:	4	ib. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)			
Issue Fee	to small entity discount p	sermitted)	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50/283 (enclose an extra copy of this form)			
	s SMALL ENTITY state	is. See 37 CFR 1.27.	☐ b. Applicant is no long	ger claiming SMALI	ENTITY status, See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee an nterest as shown by the a	d Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than the Office.	he applicant; a regist	ered attorney or agent; or t	he assignee or other party in
Authorized Signature Edler Uniter			Date 6/8/09			
Typed or printed name Edward Van Gieson						
This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V	ation is required by 37 C tallity is governed by 35 d application form to the ons for reducing this bu- irginia 22313-1450. DC	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est depending upon the indiv c Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 mi idual case. Any com r, U.S. Patent and Ti) THIS ADDRESS	public which is to life (an nutes to complete, includu ments on the amount of ti ademark Office, U.S. Dep SI:ND TO: Commissioner	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.